



PAYROLL DEDUCTION AUTHORIZATION (313)
NORTH DAKOTA RETIREMENT AND INVESTMENT OFFICE
TEACHERS' FUND FOR RETIREMENT DIVISION
SFN 19182 (7-02)

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. § 3402. The individual's social security number is used for tax reporting and as an identification number.

Name (First, Middle, Last)	Social Security No.	Home Telephone No.	
Mailing Address (Street or Box)	City	State	Zip Code

I have applied for insurance coverage through the North Dakota Public Employees Retirement System (NDPERS) group insurance plan. If accepted, I hereby authorize the North Dakota Teachers' Fund for Retirement (TFFR) to deduct the monthly premium from my monthly TFFR retirement benefit for the following (check all that apply):

- ☐ Health Insurance
- ☐ Life Insurance
- ☐ Dental Insurance
- ☐ Vision Insurance
- ☐ Other

I authorize TFFR to periodically increase or decrease this deduction if premium changes occur in the group insurance plan(s) selected above. It is my understanding that NDPERS will notify me of premium adjustments.

This authorization will remain in effect until I give written notice to TFFR to cancel the deduction. TFFR must receive this notification at least ten (10) working days prior to the end of the month.

RETURN TO:

ND Public Employees Retirement System
400 E. Broadway, Suite 505
P.O. Box 1657
Bismarck, ND 58502-1657

(701) 328-3900
1-800-803-7377
Fax (701) 328-3920

White - RIO
Yellow - PERS
Pink - Member

TFFR Annuitant's Signature

Date

For NDPERS Use Only

Effective Date